2019 DEC 18 PM 1: 42

United States District Court SOUTHERN DISTRICT OF NEW YORK

Ernest Calvino Sr	- 19 CV 1 1 60 9
Write the full name of each plaintiff.	CV(Include case number if one has been assigned)
-against- A.T. F Puerto Rico	COMPLAINT
and peers	Do you want a jury trial? ☑ Yes □ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

be a citizen of the same state as any plantin.
What is the basis for federal-court jurisdiction in your case?
Federal Question
☐ Diversity of Citizenship
A. If you checked Federal Question
Which of your federal constitutional or federal statutory rights have been violated? Extortion, Harassment, False accuse tion
B. If you checked Diversity of Citizenship
1. Citizenship of the parties
Of what State is each party a citizen?
The plaintiff, Evnest Calvino, is a citizen of the State of (Plaintiff's name)
Newyork
(State in which the person resides and intends to remain.)
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
If more than one plaintiff is named in the complaint, attach additional pages providing
information for each additional plaintiff.

If the defendant is an individ	dual:	
The defendant, A.T. F. (Defendant)	nt's name)	, is a citizen of the State of
Puerto Rico		
or, if not lawfully admitted subject of the foreign state		ence in the United States, a citizen or
If the defendant is a corpora	ation:	•
The defendant, A.T.	F Rica	, is incorporated under the laws of
		ite of
or is incorporated under th		- "
-		
	s named in the complai	int, attach additional pages providing
II. PARTIES		
A. Plaintiff Information		
Provide the following informations pages if needed.	ation for each plaintiff	f named in the complaint. Attach additional
Ernest	$\Im r$	Calvino
First Name	Middle Initial	Last Name
3600 Jevorus Street Address	le Avenu	e
Street Address		
Bronx	N	10467
County, City	State	Zip Code
Telephone Number	 Email	Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:					
	First Name	Last Name			
	Current Job Title (or other identifying information)				
	Current Work Address (or other address where defendant may be served)				
	County, City	State	Zip Code		
Defendant 2:					
	First Name	Last Name			
	Current Job Title (or o	other identifying information)			
	Current Work Address (or other address where defendant may be served)				
	County, City	State	Zip Code		
Defendant 3:					
	First Name	Last Name			
	Current Job Title (or other identifying information)				
	Current Work Address (or other address where defendant may be served)				
	County, City	State	Zip Code		

Defendant 4:					
	First Name	Last Name			
	Current Job Title (or other identifying information) Current Work Address (or other address where defendant may be served)				
	County, City	State	Zip Code		
III. STATEMEN	NT OF CLAIM	,			
Place(s) of occurre	ence:(375)	Jerome Au	venue Broux + holyake		
Date(s) of occurre	ence: dif. J	ales			
FACTS:					
•	it each defendant pers	•	what happened, how you were do that harmed you. Attach		
			- Puerto Rico		
\sim		<u>. </u>	F. of Puerto		
	e intimidati				
electron	ic tu, cell	phone to	other		
they he	ad accuse	me of m	urde annonimously		
with elec	ctronic		/		
		The state of the s			
	<u>, </u>				

INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.
Emotiona Distress, Damage to my person image, Fear
image, Foar
IV. RELIEF
State briefly what money damages or other relief you want the court to order.
Money, justice
TOTAL

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

12/18/20	019			Ernest C	alvino	
Dated				Plaintiff's Signatu	re	
Emest	G	Jr	.	Calvino		
First Name		Middle Initial		Last Name		
3600	Avenu	<u>e</u>				
Street Address						
Bronx			\mathcal{N}	4	10467	
County, City	,		State	(Zip Code	
Telephone Numb	er			Email Address (if	available)	
•				•	•	

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically: ☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.